

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039067

FILED
Sep 02, 2007
Secretary of State

Entity Name: TOUCH OF CLASS PAINTING SERVICES, INC.

Current Principal Place of Business:

905 ALLMAN AVE.
LEHIGH, FL 33971

New Principal Place of Business:

6533 IDLEWILD ST
FORT MYERS, FL 33966

Current Mailing Address:

PO BOX 60711.
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 94-3395034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA CRUZ, GILBERTO
905 ALLMAN AVE.
LEHIGH, FL 33971 US

Name and Address of New Registered Agent:

DA CRUZ, GILBERTO
6533 IDLEWILD ST
FORT MYERS, FL 33966 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

09/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: DA CRUZ, GILBERTO
Address: 905 ALLMAN AVE.
City-St-Zip: LEHIGH, FL 33971

Title: VPDT () Delete
Name: CRUZ, ALENIZIA A VPDT
Address: 905 ALLMAN AVE.
City-St-Zip: LEHIGH, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: DA CRUZ, GILBERTO
Address: 6533 IDLEWILD ST
City-St-Zip: FORT MYERS, FL 33966

Title: VPDT (X) Change () Addition
Name: CRUZ, ALENIZIA A VPDT
Address: 6533 IDLEWILD ST
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERTO DA CRUZ

PDT

09/02/2007

Electronic Signature of Signing Officer or Director

Date